

BRIAN SANDOVAL
Governor
DAVID G. ROVETTI, DC
President
BENJAMIN LURIE, DC
Vice President
JACK NOLLE, DC
Secretary-Treasurer

STATE OF NEVADA



LAWRENCE DAVIS, DC
Member
TRACY DiFILLIPPO, ESQ
Consumer Member
SHELL MERCER, ESQ
Consumer Member
ANNETTE ZARO, DC
Member

CINDY WADE
Executive Director

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

4600 Kietzke Lane, M-245
Reno, Nevada 89502-5000
Fax (775) 688-1920

Telephone (775) 688-1921
Website: <http://chirobd.nv.gov>

Email: chirobd@chirobd.nv.gov

**Requirements for Application for Approval of Continuing Education
for Nevada License Renewal**

1. Applications must be submitted on the FCLB-approved form thirty (30) days in advance of the beginning date of the seminar.
2. The following must be submitted with the application:
 - A. \$25.00 application fee
 - B. Course outline and instructor vitae
3. An Application may include multiple dates/locations for the same seminar.
4. Applications are approved for each seminar for each calendar year. A new application must be submitted for any seminar that extends into another calendar year.
5. A seminar must be sponsored by a chiropractic college or another educational entity that has been approved by the CPBN, a state chiropractic board or association, or the ACA or the ICA or either of their successors.
6. Attendance must be physically monitored (home study tapes will not be approved).
7. Certification of attendance must be mailed direct to the Chiropractic Physicians' Board of Nevada. A list of attendees is acceptable.
8. Subjects must concern the clinical aspects of a practice or another topic that the CPBN determines to be in the best interest of the public. Non-clinical subjects such as practice building, practice management, will be denied.
9. All or specific portions of a seminar may be denied if the subject matter is not within the chiropractic scope of practice for Nevada licensees (NAC 634.385 (6a & b)). **Any deviation of the curriculum from that submitted for approval may result in denial of credit for some or all of the hours for Nevada license renewal.**
10. A letter of approval/denial will be sent to the sponsor in response to each seminar application.
11. Upon request, a representative of the CPBN shall be allowed to attend all or part of the seminar in order to monitor the content of the course or lecture and the procedures for taking attendance.

CONTINUING EDUCATION APPLICATION

Form approved by the Federation of Chiropractic Licensing Boards 4/96 - Does not guarantee program approval.

Check with board prior to submission as acceptance of form may vary from state to state.

BOARD(s) circle all you wish to apply to: AL AK AZ AR CA CO CT DE DC FL GA HI ID
IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC
ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY

DC ☐ CA ☐

This application must be completed in its entirety. All final or draft advertisement brochures and/or promotional materials if used, must accompany the application. A course syllabus or outline, a vitae of all instructors and (if applicable) a letter verifying the speakers affiliation with an appropriate educational institution must also accompany this application. Two copies [with attachments] must be submitted. Applications will be submitted to the Board for approval only when complete and the proper fee has been received. *Acceptable program criteria may vary among boards.*

NAME OF COURSE OR SEMINAR _____

1. Organization or school presenting course _____

2. Contact information for person filling out this application:

Name _____ Phone (____) _____ FAX (____) _____ E-mail _____

Address _____

3. Name of cosponsor (if applicable) _____

4. Date(s) course will be offered _____ Locations _____

5. Fee to be charged to participant _____ Fee covers _____

6. What best identifies the educational experience: *(please circle - not all formats accepted by all boards)*

(a) Lecture (b) Convention (c) Forum (d) Workshop (e) Home Study
(f) Video Presentation (f) Other: _____

7. Exact hours course is scheduled for _____

8. Number of continuing education hours requested _____

9. Name(s) of instructors *(attach CV's or résumés)*

10. Provide name of attendance officer, method of certifying/assuring attendance, who maintains attendance records for verification?

11. List text(s) and equipment used as aids _____

12. a. Is course approved/sponsored by any school having status with the CCE? **G YES** **G NO**

b. Is course approved/sponsored by any other healing arts school or college? **G YES** **G NO**

If YES to either, name school _____

13. Is an examination or evaluation process part of the program? *Describe* _____

14. Are any promotional publications or advertisements being used? **G YES** **G NO**
If YES, please attach final or draft copies (if draft, please mail a copy of the final version later).

15. Does this course include practice building, either as a part of the program itself, or as an optional offering? **G YES** **G NO** *If YES, please explain* _____

16. Does this course either promote a product or apparatus or offer a product or apparatus as an optional item for inspection by those attending? **G YES** **G NO**

If YES, please explain _____

17. Will those attending be given a product as a gift or at a reduced price? **G YES** **G NO**

If YES, please explain _____

18. **TOPICS AND HOURS REQUESTED FOR APPROVAL:** **No. of Hrs**

(A) Principles of Practice / Philosophy of Chiropractic

(B) Examination Procedures / Diagnosis

(C) Physical therapy / Physiological therapeutics

(D) Nutrition

(E) Adjustive technique

(F) Radiographic technique / safety

(G) Diagnostic imaging interpretation

(H) Insurance reporting / Procedures

(I) Practice management

(J) Philosophy of Chiropractic

(K) Risk management

(L) Basic sciences

(M) Research trends

(N) Medical / legal

(O) HIV prevention / education

(P) Boundaries issues

(Q) Scope of practice

(R) Other (Specify) _____

Total Number of Hours Requested for Approval

A syllabus or
course outline may
be submitted in lieu of
hourly breakdown for
long term courses.

Approved by the board: **Q YES** **Q NO**
Name: _____
Date: _____
Approval # (if applicable) _____

19. I hereby certify that all information listed above is correct and that nothing has been omitted.
The required enclosures are also included.

Print name _____
Title _____

Signature _____

APPLICATION FEE ARRANGEMENTS _____

NOTE: PRIOR APPROVAL OF A CONTINUING EDUCATION COURSE BY A CHIROPRACTIC REGULATORY BOARD DOES NOT ASSURE FUTURE APPROVAL. APPROVAL OF A CONTINUING EDUCATION COURSE BY ONE BOARD DOES NOT IMPLY OR ASSURE APPROVAL BY OTHER BOARDS.

ADDITIONAL INFORMATION may be required by the Board - if applicable, see attached

rev 7/01